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03/17/2004

BENJAMIN A. ADLER
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HOUSTON, TX 77071

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Erin Werner	(Depositor's name)
Erin Werner	(Signature)
June 17, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/580,384	05/20/1996	THOMAS L. STEINEMANN	D5715D	5411

TITLE OF INVENTION: NOVEL OPHTHALMOLOGIC USES OF PROTEIN C

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	06/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KISHORE, GOLLAMUDI S	1615	424-427000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Benjamin Aaron Adler
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Arkansas

Little Rock, AR

Please check the appropriate assignee category or categories (will not be printed on the patent);

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1185 (enclose an extra copy of this form).

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